

JUN 08 2004

OFFICIAL

|  |  |                                       |   |          |   |          |  |                  |   |          |  |          |
|--|--|---------------------------------------|---|----------|---|----------|--|------------------|---|----------|--|----------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)   |  | Docket Number (Optional)<br>741124-63 |   |          |   |          |  |                  |   |          |  |          |
| <p style="text-align: center;">CERTIFICATE OF MAILING OR<br/>TRANSMISSION<br/>[37 CFR 1.8(a)]</p> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop <u>Amendment</u>, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at 703-872-9306, on <u>June 8, 2004</u>.</p> <p>Signature: <u>K.M. McManus</u></p> <p>Name: <u>K.M. McManus</u></p>   | <p>In re Application of<br/><b>Dieter BUSCH</b></p> <p>Application Number: <u>09/729,422</u>      Filed: <u>December 5, 2000</u></p> <p>For: <b>ERGONOMIC, INTERFERENCE SIGNAL-REDUCING POSITION MEASUREMENT PROBE FOR MUTUAL ALIGNMENT OF BODIES</b></p> <p>Group Art Unit: <u>6466</u>      Examiner: <u>T.M. Reis</u></p> |                                       |   |          |   |          |  |                  |   |          |  |          |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)</td> <td style="width: 20%; text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$210/\$420)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$475/\$950)</td> <td style="text-align: right;">\$ <u>475.00</u></td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$740/\$1480)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1005/\$2010)</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <p><input checked="" type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380(741124-63)</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record.</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).<br/>Registration number if acting under 37 CFR 1.34(a) _____</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p><u>June 8, 2004</u>      Date</p> <div style="text-align: right; margin-right: 100px;"> <br/>             _____<br/>             Signature<br/> <u>David S. Safran</u><br/>             Typed or printed name         </div> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> |  |                                       | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110) | \$ _____ | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$210/\$420) | \$ _____ | <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$475/\$950) | \$ <u>475.00</u> | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$740/\$1480) | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1005/\$2010) | \$ _____ |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)  | \$ _____   |                                       |   |          |   |          |  |                  |   |          |  |          |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$210/\$420)  | \$ _____   |                                       |   |          |   |          |  |                  |   |          |  |          |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$475/\$950)   | \$ <u>475.00</u>   |                                       |   |          |   |          |  |                  |   |          |  |          |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$740/\$1480)  | \$ _____   |                                       |   |          |   |          |  |                  |   |          |  |          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1005/\$2010)   | \$ _____   |                                       |   |          |   |          |  |                  |   |          |  |          |
| <p><input type="checkbox"/> Total of _____ forms are submitted.</p>  |  |                                       |   |          |   |          |  |                  |   |          |  |          |

SEND TO: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

W312565.1